

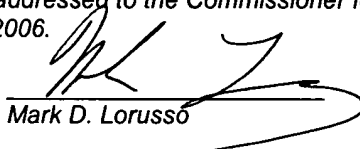
PATENT
ATTORNEY'S DOCKET NO.: NBG-109

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of: Aldo Salimbeni et al.
Serial No.: 10/537,731
Filed: June 6, 2005
For: PROCESS FOR THE PREPARATION OF
BYCYCLIC PEPTIDE COMPOUNDS
Examiner: Unassigned
Art Unit: Unassigned

CERTIFICATE OF MAILING

I hereby certify that the following correspondence is being deposited with the United States Postal service as first class mail in an envelope addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on May 22, 2006.


Mark D. Lorusso

Mail Stop: PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


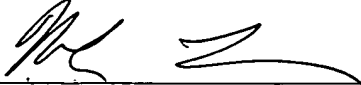
PRELIMINARY AMENDMENT

Sir:

Prior to examination of the captioned application and prior to calculation of the fees, please preliminarily amend the attached application as follows pursuant to 37 CFR § 1.115:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this pager.

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. NBG-109	
Applicant(s): Adlo Salimbeni et al.					
Application No. 10/537,731	Filing Date June 6, 2005	Examiner Unassigned	Customer No. 48388	Group Art Unit Unassigned	Confirmation No. 7958
Invention: PROCESS FOR THE PREPARATION OF BYCYCLIC PEPTIDE COMPOUNDS					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	35 -	49 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 12-2147 <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature			Dated: May 22, 2006		
Mark D. Lorusso Reg. No. 41,955 LORUSSO & ASSOCIATES 3 Pinecrest Terrace Portsmouth, NH 03801 Tel.: 603-427-0070 Fax: 603-427-5530 Email: mlorusso@lilplaw.com			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on May 22, 2006 (Date)  Signature of Person Mailing Correspondence Mark D. Lorusso Typed or Printed Name of Person Mailing Correspondence		
CC:					